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<b>INFORMATION DISCLOSURE STATEMENT UNDER 37 C.F.R. § 1.97(e)</b>  Address to: Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket	UCAL-280
	First Named Inventor	MUCKE, LENNART
	Application Number	10/809,777
	Confirmation No.	8698
	Filing Date	March 24, 2004
	Group Art Unit	1632
	Examiner Name	MONTANARI, DAVID A.
Title: <i>"METHODS OF DETECTING NEUROLOGICAL DISORDERS"</i>		

Sir:

Applicants submit herewith patents and/or publications which may be material to the examination of this application and in respect of which there may be a duty to disclose in accordance with 37 C.F.R. § 1.56. While this Statement may be "material" pursuant to 37 C.F.R. § 1.56, it is not intended to constitute an admission that any patent, publication, or other information referred to therein is "prior art" for this invention unless specifically designated as such. A listing of patents and/or publications is shown on enclosed Form PTO-SB/08A and a copy of each patent and/or publication is also enclosed.

Each item of information contained in the Information Disclosure Statement filed herewith was first cited in any communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this Statement (37 C.F.R. 1.97(e)(1)). A copy of the communication is enclosed for the Examiner's convenience.


The Examiner is requested to make the citations listed on the enclosed PTO-SB/08A of record in this application. Applicants would appreciate the Examiner initialing and returning the initialed copy of form PTO-SB/08A, indicating the references have been considered and made of record herein.

No fee is believed due as this statement is being submitted within three months of the mailing date of the enclosed foreign communication. However, if it is determined that fees are required, the Commissioner is hereby authorized to charge any necessary fees associated with this communication or credit any overpayment to Deposit Account No. 50-0815, Order No. UCAL-280.

Respectfully submitted,  
 BOZICEVIC, FIELD & FRANCIS LLP

Date: July 6, 2006

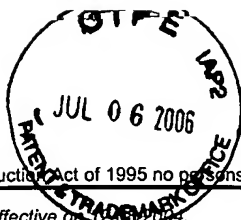
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By:   
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67/12/2006 KRMED1 00000073 10609777

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Effective on 10/01/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
**For FY 2005****Complete if Known**

Application Number	10/809,777
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☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$)**180.00****METHOD OF PAYMENT (check all that apply)**☐ Check ☒ **Credit Card** ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: **50-0815** Deposit Account Name: **Bozicevic, Field and Francis LLP**  
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
<u>        </u> - 20 or HP = <u>        </u> x <u>        </u> = <u>        </u>						
HP = highest number of total claims paid for, if greater than 20						
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
<u>        </u> - 3 or HP = <u>        </u> x <u>        </u> = <u>        </u>						
HP = highest number of independent claims paid for, if greater than 3						

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
<u>        </u> - 100 = <u>        </u> / 50 = <u>        </u> (round up to a whole number) x <u>        </u> = <u>        </u>				

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Information Disclosure Statement180.00**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) <b>42,344</b>	Telephone <b>(650) 327-3400</b>
Name (Print/Type)	<b>Paula A. Borden</b>	Date <b>07/06/2006</b>	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**INFORMATION DISCLOSURE  
STATEMENT BY APPLICANT**

(use as many sheets as necessary)

U.S. PATENT DOCUMENTS

## FOREIGN PATENT DOCUMENTS

Examiner  
Signature

Date  
Considered

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. 1 Applicant's unique citation designation number (optional). 2 See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. 3 Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). 4 For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. 5 Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. 6 Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Substitute for form 1449B/PTO  <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  <i>(use as many sheets as necessary)</i>				<b>Complete if Known</b>	
				Application Number	10/809,777
				Filing Date	March 24, 2004
				First Named Inventor	MUCKE, LENNART
				Art Unit	1632
				Examiner Name	MONTANARI, DAVID A.
Sheet	2	of	2	Attorney Docket Number	UCAL-280

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
		Dineley K T et al "Beta-amyloid activates the mitogen-activated protein kinase cascade via hippocampal $\alpha 7$ nicotinic acetylcholine receptors: in vitro and in vivo mechanisms related to Alzheimer's disease" Journal of Neuroscience, New York, NY, Vol. 21, No. 12, June 15, 2001, pgs. 4125-4133	
		Echeverria Valentina et al. " Intracellular A-beta amyloid, a sign for worse things to come?" July 31, 1998, Molecular Neurobiology, Vol. 26, Nr. 2-3, pgs. 299-316	
		Berridge, Michael J. "Neuronal calcium signaling" July 1998, Neuron, Vol. 21, NR 1, pgs. 13-26	

Examiner Signature		Date Considered	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup>Applicant's unique citation designation number (optional). <sup>2</sup>Applicant is to place a check mark here if English language Translation is attached.

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